



STEP 5

DEVELOP POLICIES, PROCEDURES AND DATA COLLECTION FORMS

A community — based sealant program must have a written set of **policies, procedures and protocols** established as well as a sound method of collecting data. All of these should reflect the local jurisdiction and legal parameters for such things as consent forms, billing procedures and the use of volunteers. Each community, particularly each school district, is quite autonomous regarding procedures in schools. Review the policies, procedures, and protocols annually. Keep these updated and have them available for staff review. Decide what data to collect as you plan the program since program evaluation is part of the initial planning process. Assure that staff/contractors are trained in the use of data forms so there is consistent information collected. Consult with individuals trained in statistical analysis and Medicaid billing before program implementation to assure that the appropriate data is recorded in the most useful way. Local health jurisdictions with MCH contracts with the Washington State Department of Health have reporting requirements that must be followed. See reporting requirement following this step. If the program is grant funded, make certain any grant requirements can be reported.

Student s sealant records are legal records and must follow RCW Chapter 70.02 for Medical Records


operating within the legal parameters.

Develop forms reflecting the specific needs of the community and program. Examples of forms currently in use by sealant programs in the State of Washington may be found following this step. Student s sealant records are legal records and must follow RCW Chapter 70.02 for Medical Records rules. An agency legal review of pertinent forms should be done to assure that the program is

PROGRAM FORMS

Student records

Students' patient records are immediately available for use when the student is receiving care. When not in use, records are kept in a secure area. Perform a record review for accuracy and completeness at the end of each school year or at another appropriate time. Include a place on the record to collect demographic information that will allow for patient identification and for gender and race breakdown. Attach other pertinent forms, such as consent, to the patient record. Remember any service beyond oral health assessments needs informed consent. Make certain that consent forms are



complete, have parent/guardian signatures. For improved consent form return rates have letters available in languages appropriate for the population targeted. Collect a medical history on all patients, with date and signature of consenting parent or guardian. Follow-up on compromising medical conditions with parent or other health care provider and document. Flag as appropriate records of patients with compromising conditions. Train each provider to review medical histories and sign after review. After the sealants are placed, records are completed, signed/dated by both the examiner and provider of sealants. Document diagnosis clearly in the initial examination section of the patient record. A treatment plan based on the diagnosis is clearly written on the patient record. Other comments such as behavior of the child are complete and written clearly.

Billing information Collect all pertinent information so that accurate billing can be done. The billing information that is needed may vary among programs. Consider the billing requirements for private insurance and Medicaid when developing the form.

Collection of Assessment Data Collect data carefully so it can be accurately reported according to the Washington State Department Of Health "Sealant Data Summary" form. Conduct oral health assessments using the Washington State Smile Survey format. Record and date all findings. Data collection methods vary depending on program size, resources available and years in operation . Data may be hand tabulated or entered directly into computers at the school site. EPI-INFO (CDC free computer Program) and ACCESS are used successfully in many programs.


There are two kinds of data collection **qualitative and quantitative**.

When collecting **quantitative** data, focus on the following areas: consent rates, participation rates, oral health status, and dental treatment referral rates and follow-up status of referred children. Collect the following to assist in program evaluation:

- * number of schools participating in sealant program,
- * school selection criteria (rate of F/R lunch participants),
- * numbers of children screened,
- * numbers of children sealed,
- * numbers of teeth sealed, sealant retention rates

When using **qualitative** methods to collect data, interviews, surveys, focus groups, and group discussions can assist in gaining useful information from schools, communities, parents, students, staff or other participants in the sealant program. Phone calls to key informants can also be helpful in finding out how the sealant program was received in your community. A sample survey FOLLOWS THIS STEP.

Since sealant programs are complex and involve many details, problems can be avoided by using checklists to keep program details on track. These lists may include school contacts, program activities, forms review, supply/equipment inventory, and are a quick, easy way to



monitor the progression of a sealant program. Examples that may be useful to review
FOLLOWS THIS STEP.

Since all programs in Washington State must collect this basic information, program managers will be able to compare their patient profiles, the number of sealants placed and retention rates with other sealant programs.

Please note: This document does not contain any appendices.
If you would like to obtain these materials please contact Ethel
Steinmetz at (360 236-3507 or Ethel.Steinmetz@doh.wa.gov)